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45311 7590 03/07/2005

KNOBBE, MARTENS, OLSON & BEAR, LLP
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06/07/2005 MBERHE1 00000155 10028051

01 FC:1501 1400.00 OP
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Nancy W. Vensko, Reg. # 36,298 (Depositor's name)
 (Signature)
 6/3/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/028,051	12/19/2001	Frank P. Luyten	NIH133.1CPCI	4352

TITLE OF INVENTION: METHOD OF MODULATING TISSUE GROWTH USING FRZB PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROMEO, DAVID S	1647	536-023500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 KNOBBE, MARTENS,
 2 OLSON & BEAR, LLP
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Government of the United States of America, as represented
 by the Secretary, Department of Health & Human Services

Washington, D.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ Advance Order - # of Copies 10

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date

Typed or printed name

Nancy W. Vensko

Registration No.

36,298

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

Case Docket No. NIH133.1CPC1

Date: June 3, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Luyten et al.
Appl. No. : 10/028,051
Filed : December 19, 2001
For : METHOD OF MODULATING
TISSUE GROWTH USING
FRZB PROTEIN
Group Art Unit : 1647
Class/Sub-Class : 536/023500
Examiner : Romeo, David S.

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June 3, 2005

(Date)


Nancy W. Vensko, Reg. No. 36,298


TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
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- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.


Nancy W. Vensko
Registration No. 36,298
Attorney of Record
Customer No. 45,311
(805) 547-5580